



## Psychiatry & Behavioral Science Section – 2010

### I19 Treating Disruptive Behavior Disorders in Correctional Settings: To Treat or Not to Treat?

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By attending this presentation, attendees will: (1) Know the rates of ADHD and domains of impairment in afflicted individuals in juvenile justice and adult correctional settings; (2) Learn techniques and sources of information to corroborate a self-report of ADHD symptoms (self-report scales, psychological testing, computerized testing, and collateral sources of information); and (3) Learn techniques to minimize abuse or diversion of ADHD medications in correctional settings.

This presentation will impact the forensic science community by demonstrating how treating some individuals with Disruptive Behavioral Disorders (DBDs) pharmacologically is important and may improve outcomes; however, the medications most frequently and effectively used can also be abused and diverted. Therefore, medications must be used in a prudent fashion.

DBDs (e.g., ADHD) are overrepresented in individuals in correctional settings and cause significant morbidity in impacted individuals. Frequently, these individuals have difficulty following instructions, adhering to the jail/prison/juvenile detention facility routine, and their education (particularly for juveniles) is adversely impacted.

DBDs and Substance Use Disorders (SUDs) increase the risk for antisocial behavior, both in juveniles and adults. Fairly recent data have shown that treating DBDs (particularly ADHD) can lead to a reduction in antisocial behavior and SUDs in adolescents. However, treating DBDs in a correctional population presents special challenges for clinicians. Diversion and abuse of medications (e.g., stimulants, bupropion, quetiapine) can be problematic and, in both juveniles and adults, illicit substance use may be ongoing, even in detention/correctional settings. Organizational treatment philosophies for SUDs often vary from detention/correctional setting to the community, giving rise to problems with consistency and continuity of care. This presentation will focus on "mental health demographics" of the juvenile justice and adult correctional populations, ways to minimize diversion and abuse of psychotropic medications (particularly those designed to treat ADHD), different treatment interventions' efficacy in treating SUDs, and the importance of consistency of treatment philosophy as individuals transition from detention/correctional facilities back into the community.

**ADHD, Jail, Stimulant**